



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

RECEIVED

LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

| | | | |
|---|---------|----------|---------------------------|
| NAME (Last) | (First) | (Middle) | TELEPHONE |
| Kanegawa, DDS | Jay | T. | 488-4017 |
| MAILING ADDRESS (Street) | (City) | (State) | (Zip Code) |
| 99-155 Moanalua Road | Aiea | HI | 96701 |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| MAILING ADDRESS (Street) | | | (City) (State) (Zip Code) |

PART II ORGANIZATION

| | |
|--|---------------------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | TELEPHONE |
| Hawaii Dental Service | 529-9200 |
| MAILING ADDRESS (Street) | (City) (State) (Zip Code) |
| 700 Bishop Street, Suite 700 | Honolulu HI 96813 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | TELEPHONE |
| Cheryl Takitani-Smith | 529-9215 |
| MAILING ADDRESS (Street) | (City) (State) (Zip Code) |
| 700 Bishop Street, Suite 700 | Honolulu HI 96813 |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Jay T. Kanegawa
(Signature of Lobbyist)

January 9, 2003
(Date)

PART V AUTHORIZATION TO LOBBY

| | |
|--|--|
| NAME | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
| Jonathan R. Won, President & CEO | |
| NAME OF ORGANIZATION (if applicable) | TELEPHONE |
| Hawaii Dental Service | 529-9200 |
| MAILING ADDRESS (Street) | (City) (State) (Zip Code) |
| 700 Bishop Street, Suite 700 | Honolulu HI 96813 |
| I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. | |
| <i>Jonathan R. Won</i> (Signature of Authorizing Officer or Person Represented) | January 9, 2003 (Date) |